Australian Government
Australian Institute of Health and Welfare

AIHW

Senator Malarndirri McCarthy
Committee Chair
Senate Select Committee on Stillbirth Research & Education
Department of the Senate
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Senator McCarthy,

RE: Responses to questions on notice

Please find attached responses to questions taken on notice at the recent public hearing for this inquiry in Canberra on 7 September 2018.

Please contact me should you require any further information.

Yours sincerely,

Dr Fadwa Al-Yaman
Head, Indigenous and Maternal Health Group
5 October 2018

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Senate Select Committee on Stillbirth Research & Education – Canberra 7 September 2018

Questions on Notice: Australian Institute of Health and Welfare

Question 1:

The first question is from Senator RICE on page 57 of hearing transcript:

What proportion of stillbirths would be considered by the hospital committees or the other committees?

The AIHW wrote to states and territories asking them to please advise the proportion of stillbirths that are reviewed by a hospital committee or other committee such as a perinatal mortality review committee. From the responses received, it seemed that most stillbirths are reviewed by a hospital-level committee and then a jurisdiction-level committee.

The table below summarises the response received from each jurisdiction:

Jurisdiction	**Response received**
New South Wales	Response not received.
Victoria	All stillbirths are reviewed at hospital level. All stillbirths are also reviewed by an obstetrician from the Consultative Council on Obstetric and Paediatric Mortality and Morbidity. Stillbirths that were intrapartum (during childbirth of the birthing process) or occurred in late pregnancy, or any cases that had potential 'possible' or 'significant' contributing factors are referred to the Stillbirth Sub-Committee. This comprises approximately 10% of stillbirths.
Queensland	All stillbirths are classified by the Queensland Maternal and Perinatal Quality Council Perinatal Mortality sub-committee, but this is not a full review; the review can vary from being extensive to fairly superficial. Since a change of legislation in 2016, there has been an increasing number of stillbirths in Queensland being subjected to Root Cause Analysis (RCA) investigation. There are approximately 400 stillbirths each year in Queensland and it is estimated that approximately 10-20 are subject to a RCA investigation. Commented that the quality and extent of review is more important than the number performed.
Western Australia	All stillbirths occurring in public hospitals are reviewed at the hospital-level (unsure for private hospitals). Hospital mortality review committees and a mandatory Clinical Incident Management policy under the Clinical Governance, Safety and Quality Policy Framework exist in Western Australia — independent to jurisdictional committees. If a fetal death is considered to be associated with the provision of health care, or failure to provide adequate or timely health care, the stillbirth may be notified as a clinical incident and investigated accordingly. The Health Department Committee investigates all cases presented to it. In the Triennial Report just published covering the years 2011 to 2013 inclusive, the Committee investigated 503 deaths, including 300 stil births (59.6%), 112 neonatal deaths (22.3%) and 91 post-neonatal deaths (18.1%). Legislation requires midwives, nurses and/or medical practitioner to notify the Chief Health Officer of stillbirths. Since January 2017, all stillbirths from at least 23 weeks gestational age, with the exception of therapeutic pregnancy terminations are investigated and discussed by the Perinatal and Infant Mortality Committee. Prior to this, all stillbirths at 26 weeks or more gestational age were investigated. Provisional figures for 2017 show that in 2017, a total of 251 were notified to the CHO, including 137 stil births under investigation (54.6)

South Australia	All stillbirths are reviewed at the hospital level. At the state committee level, all stillbirths (over 20 weeks of gestation or over 400g birthweight) are also reviewed.
Tasmania	All reportable Tasmanian stillbirths based on 20 weeks gestation or a birthweight of at least 400grams, are reviewed by the Council of Obstetric and Paediatric Mortality and Morbidity through its Perinatal M&M Committee as legislatively stipulated by the OPMM Act 1994. The review and classification process for all stillbirths reported in Tasmania follows the PSANZ Guidelines.
Northern Territory	In the NT all stil births are reviewed by the hospital where the birth occurred. Initial review generally will happen at the Health Service Level, smaller hospitals are supported by the health service areas lead consultant. The NT jurisdictional committee is in preliminary phase, and when active will review all stillbirths occurring in the NT.
Australian Capital Territory	All stillbirths are reviewed by the jurisdiction-level committee.

The AIHW would also like to bring to the attention of the committee the *Perinatal Society of Australia and New Zealand (PSANZ) Clinical Practice Guideline for Care around Stillbirth and Neonatal Death*. The guideline promotes a systematic approach to the provision of care around the time of a perinatal death including investigation and audit across Australia.

The guideline is available for download at:
https://sanda.psanz.com.au/clinical-practice/clinical-guidelines/

Question 2:

Question is from Senator KENEALLY on page 57 of hearing transcript:

Would AIHW have any data regarding the lengths of time that bodies are left in morgues?

The AIHW wrote to states and territories to ask if data is collected regarding the lengths of time that bodies are left in morgues following a stillbirth. Of the 7 jurisdictions that replied (NSW did not respond), five stated that were not aware of this data being collected in their jurisdiction.

Tasmania responded that the information on lengths of time that bodies are left in morgues is collected by the Council or through or the Tasmanian Health Department collection.

The Northern Territory responded that this information is not collected formally in any NT health service registers.

Question 3:

Question in regards to a statement made following Senator KENEALLY's question on page 59 of hearing transcript:

Provide details of current drafting of National maternity Services Plan

The development of the National Strategic Approach to Maternity Services (NSAMS) will soon begin Round 2 of consultation, there are face to face consultations being conducted around Australia starting 9 October 2018, including one consultation to be held in Canberra on 13 November 2018.

Further details are available at:
http://www.health.gov.au/internet/main/publishing.nsf/Content/pacd-pdb-maternity